

United States District Court

NORTHERN DISTRICT OF CALIFORNIA

ARMANDO VINCENT MUNOZ

SUMMONS IN A CIVIL CASE

CASE NUMBER: CV 07-03846 JF

V.

JAMES TILTON, ET AL

TO:

CHIEF OF INMATE APPEALS N. GRANNIS
CA DEPARTMENT OF CORRECTIONS
AND REHABILITATION

P.O. BOX 942883; 1515"S" STREET

SACRAMENTO, CA 94283

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY

ARMANDO V. MUNOZ *K30296*
CORRECTIONAL TRAINING FACILITY
P.O. BOX 705
SOLEDAD, CA 93960-0705

an answer to the complaint which is herewith served upon you, within **20** days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wierking
CLERK

Gordana Macic
Gordana Macic
(BY) DEPUTY CLERK

March 7, 2008
DATE

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

ARMANDO VINCENT MUNOZ

COURT CASE NUMBER

C07-03846 JF

DEFENDANT

JAMES TILTON, ET AL

TYPE OF PROCESS

SEE BELOW**SERVE****AT**NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
N. GRANNIS CHIEF OF INMATE APPEALS

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

CA DEPARTMENT OF CORRECTIONS AND REHABILITATION**P.O. BOX 942883 1515 "S" STREET SACRAMENTO, CA 94283**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ARMANDO V. MUNOZ K30296**CORRECTIONAL TRAINING FACILITY****P.O. BOX 705****SOLEDAD, CA 93960-0705**Number of process to be
served with this Form - 285**2**Number of parties to be
served in this case**8**Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

1. SUMMONS AND COMPLAINT**2. ORDER OF SERVICE**

Signature of Attorney or other Originator requesting service on behalf of:

GORDANA MACIC☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

408-535-5382

DATE

3/10/2008**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

District
of Origin

No. _____

District
to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: